07/27/2011 16:22

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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE 401 N. Lindbergh Blvd ADDRESS (number and street) Check if different than previously St. Louis МО 63141 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00293910 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2011 06 3 0 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Kevin J. Dillard Type or Print Name of Treasurer Electronically Filed by Kevin J. Dillard 07 27 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

F	Report Covering the Period: From:	0 1 Y Y Y Y Y Y T	o: 0 6 3 0 Y Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011		78642.24
	(b) Cash on Hand at Begining of Reporting Period	78642.24	
	(c) Total Receipts (from Line 19)	21800.00	21800.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	100442.24	100442.24
7.	Total Disbursements (from Line 31)	65500.00	65500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34942.24	34942.24
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	X This Committee has qualified as a multicandidat	e committee. (see FEC FORM 1M)	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

0 1 м м 0 1 м°м 06 30 2 0 1 1 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 17625.00 17625.00 (i) Itemized (use Schedule A) 1675.00 1675.00 (ii) Unitemized (iii) TOTAL (add 19300.00 19300.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 19300.00 19300.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 2500.00 2500.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 21800.00 21800.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 21800.00 21800.00 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B
II. DISBURSEMENTS	Total This Period	Colomn B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees and Other Political Committees	60500.00	60500.00
44. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	5000.00	5000.00
Federal Election Activity (2 U.S.C 431(20))(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	65500.00	65500.00
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	65500.00	65500.00
HOTH LINE OT J	00000.00	03300.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	19300.00	19300.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	19300.00	19300.00
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

Any information	D RECEIPTS on copied from such Reports and St	atements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 6 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF AMERIC	COMMITTEE (In Full) AN ASSOCIATION OF ORTH (Last, First, Middle Initial) I J. Foy	ODONTIST		
FEC ID nu	o Springs umber of contributing itical committee.	State CO	Zip Code 80924-6011	Transaction ID: 6459334 Amount of Each Receipt this Period 500.00
Name of E Self-Empl Receipt Fo	or:	Occupation Orthodor Aggregate		
B. Dr. Michell Mailing Ad City Minnetor FEC ID nu federal pol Name of E Self-Empl Receipt Fo	imber of contributing itical committee. Employer oyed	State MN C Occupation Orthodor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 1 1 0 2 0 1 1 Transaction ID: 6459433 Amount of Each Receipt this Period 250.00
C. Dr. Jennife Mailing Ad City Conway FEC ID nu federal pol Name of E Self-Empl Receipt Fo	imber of contributing itical committee.	State SC C Occupation Orthodor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 6464199 Amount of Each Receipt this Period 250.00
SUBTOTAL	of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 32 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORTI	HODONTIST	S POLITICAL ACTION CON	MMITTEE
	Full Name (Last, First, Middle Initial) Dr. Mary Richmond			Date of Receipt
	Mailing Address 29 Southern Hills Dr			01 10 2011
	City	State	Zip Code	Transaction ID: 6464200
	Skillman	NJ	08558-2355	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Dr. John P. Beyer			Date of Receipt
	Mailing Address 12323 Norell Ave N			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 6464201
	Stillwater	MN	55082-9533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Dr. Brian B. Jacobus			Date of Receipt
	Mailing Address 7880 Saddlebrook Dr			01 26 2011
	City	State	Zip Code	Transaction ID: 6510788
	Port Saint Lucie	<u>FL</u>	34986-3110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 32 (check only one) X		
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)					
AMERICAN ASSOCIATION OF ORTH	ODOM 1181	5 POLITICAL ACTION CON	MINITIEE		
Full Name (Last, First, Middle Initial) Dr. Todd J. Connell					
Mailing Address W 250 S 7255 Center F	Mailing Address W 250 S 7255 Center Rd				
City	State	Zip Code	0 1 2 7 2 0 1 1 Transaction ID: 6511417		
Waukesha	WI	53186	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Self-Employed	Occupatio				
Receipt For:		e Year-to-Date ▼			
Primary General Other (specify) ▼		500.00			
Full Name (Last, First, Middle Initial) Dr. Tarun Saini	Date of Receipt				
Mailing Address 11556 Manorstone Ln	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: 6526466		
Columbia	MD	21044-5413	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer	Occupatio	n	1		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Dr. Steven H. Tinsworth			Date of Receipt		
Mailing Address 704 51St St Nw			02 04 2011		
City	State	Zip Code	Transaction ID: 6526467		
Bradenton	FL	34209-1932	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Self-Employed	Occupation Orthodol				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)		·····	1500.00		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and S or commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	IAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION CON	MMITTEE
A. <u> </u>	Full Name (Last, First, Middle Initial) Or. Joyce D. Simmons Mailing Address 220 N Hall St			Date of Receipt
_		Ctoto	7in Code	02 04 2011
	City /alentine	State NE	Zip Code 69201-1856	Transaction ID: 6526468 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
N 5	lame of Employer Self-Employed	Occupation Orthodox		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
B. _	Full Name (Last, First, Middle Initial) Or. J. Matthew Stacy, Jr.	1		Date of Receipt
_	Mailing Address 410 Kings Hwy			02 04 2011
	City Carnegie	State PA	Zip Code	Transaction ID: 6526469
F	EC ID number of contributing ederal political committee.	C	15106-1017	Amount of Each Receipt this Period 250.00
<u>N</u>	lame of Employer Self-Employed	Occupation Orthodox		
F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	rull Name (Last, First, Middle Initial) Dr. Dwight D. Baker			Date of Receipt
<u></u>	Mailing Address 3886 Westminister PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City daho Falls	State ID	Zip Code 83404-7974	Transaction ID: 6526470
F	EC ID number of contributing ederal political committee.	C	03404-7974	Amount of Each Receipt this Period 500.00
N	lame of Employer Self-Employed	Occupatio Orthodo		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUI	BTOTAL of Receipts This Page (optional)			1000.00
	TAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 32 (check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Gregory Y. Ogata			Date of Receipt
Mailing Address 5594 176Th PI Se			02 04 2011
City Bellevue	State WA	Zip Code 98006-5926	Transaction ID: 6530124 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30000 3320	250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Genecov			Date of Receipt
Mailing Address 5211 Pebblebrook	0 2 0 4 2 0 1 1		
City	State	Zip Code	Transaction ID: 6530125
Dallas	TX	75229-5504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ronald A. Cohen			Date of Receipt
Mailing Address 526 Twin Eagles Ly	0 2 0 4 2 0 1 1		
City Fort Wayne	State IN	Zip Code 46748	Transaction ID: 6530126 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70770	250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	-D		750.00

or f		Detailed Su	tegory of the mmary Page	X 11a 11b 11c 12 13 14 15 16 1
	y information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or ename and address of any po	used by any perso litical committee to	on for the purpose of soliciting contributions
$ \rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICA	L ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) Dr. Brent E. Larson			Date of Receipt
	Mailing Address 2210 Midland View C	02 / 04 / 2011		
	City Roseville	State Zip Code MN 55113-53	0E	Transaction ID: 6530127
	FEC ID number of contributing federal political committee.	MN 55113-53	05	Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	500.00	
	Full Name (Last, First, Middle Initial) Dr. Ronald B. Gross	1		Date of Receipt
	Mailing Address			02 04 2011
	City	State Zip Code		Transaction ID: 6530128
	FEC ID number of contributing federal political committee.	C	1 1	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
	Full Name (Last, First, Middle Initial) Dr. Deborah J. Lien	1		Date of Receipt
	Mailing Address 4409 Rossi Ct Nw	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State Zip Code		Transaction ID: 6530129
	Rochester	MN 55901-86	53	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
SI	UBTOTAL of Receipts This Page (optional) .	1		1250.00

SCHEDULE A (FEC Form	Use separate schedule(s for each category of the Detailed Summary Page	(Check only one)			
Any information copied from such Report or for commercial purposes, other than	orts and Statements may not be sold or used by any using the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION O	F ORTHODONTISTS POLITICAL ACTION	COMMITTEE			
Full Name (Last, First, Middle Initial) Dr. Jean Seibold McGill		Date of Receipt			
	Mailing Address 1241 Pine Grove Dr				
City	State Zip Code	0 2 0 4 2 0 1 1 Transaction ID: 6530130			
Easton FEC ID number of contributing	PA 18045-2244	Amount of Each Receipt this Period			
federal political committee.	C	500.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr. James E. Paschal		Date of Receipt			
Mailing Address 1050 Sugar Cr	0 2 0 4 2 0 1 1				
City	State Zip Code	Transaction ID: 6530131			
Madison FEC ID number of contributing	GA 30650-4361	Amount of Each Receipt this Period 500.00			
federal political committee.	<u> </u>	300.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Primary ☐ General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial)		Date of Descipt			
Dr. Richard I. Goldberg Mailing Address 1100 Horse Ru	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: 6530132			
Chesterfield	MO 63005-4955	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports are or for commercial purposes, other than using	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any per the name and address of any political committee	FOR LINE NUMBER: PAGE 13 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17 To son for the purpose of soliciting contributions to collect contributions from such committee
NAME OF COMMITTEE (In Full)	THODONTISTS POLITICAL ACTION CO	
Full Name (Last, First, Middle Initial) Dr. Hugh R. Phillis Mailing Address 10 Poliquin Dr		Date of Receipt
City	State Zip Code	02 11 2011
City Nashua	NH 03062-2264	Transaction ID: 6547179 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth S. Carlough	-	Date of Receipt
Mailing Address 80 Wesley Ave		03 / 03 / 2011
City	State Zip Code	Transaction ID: 6577510
Westbrook	CT 6498	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Barry D. McNew	1	Date of Receipt
Mailing Address 805 Sahara Dr		03 15 2011
City <u>Greenville</u>	State Zip Code TX 75402-4020	Transaction ID: 6593335 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 32 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
Full Name (Last, First, Middle Initial) Dr. Richard W. Boyd, Jr.			Date of Receipt
Mailing Address 10111 Briar Forest Dr	03 15 2011		
City	State	Zip Code	Transaction ID: 6593336
Houston	TX	77042-2417	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Ernest J. Goodson	Date of Receipt		
Mailing Address 1801 Lakeshore Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 6593337
<u>Fayetteville</u>	NC	28305-5240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lucas E. Stevens			Date of Receipt
Mailing Address 7582 Refuge Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 6593800
<u>Tallahassee</u>	<u>FL</u>	32312-6724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/32 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Kay W. O'Leary			Date of Receipt
Mailing Address 18590 Arapahoe Ci	ir		03 15 2011
City Port Charlotte	State FL	Zip Code 33948-9514	Transaction ID: 6593802
FEC ID number of contributing federal political committee.	C	33340-9314	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Brian R. Jesperson			Date of Receipt
Mailing Address 2611 Domino Dr			0 3 1 5 2 0 1 1
City	State	Zip Code	Transaction ID: 6593804
Bismarck	ND	58503-0828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	- ' '	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Dr. Roland K. Fulcher			Date of Receipt
Mailing Address 113 Tea Farm Rd			0 3 2 3 2 0 1 1
City	State	Zip Code	Transaction ID: 6618706
Summerville 550 ID and the state of a solid better	SC	29483-4213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
			1500.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: F (check only one) X 11a 11b 11 13 14 15	→ -
or for commerci	copied from such Reports and S ial purposes, other than using the COMMITTEE (In Full) N ASSOCIATION OF ORTH	name and add	dress of any political committee to	on for the purpose of soliciting solicit contributions from such	contributions
	_ast, First, Middle Initial)			Date of Receipt	
Mailing Addr	ress 325 E Del Monte Ave PO BOX 696			03 / 28 /	2011
City		State	Zip Code	Transaction ID: 66236	
	ber of contributing cal committee.	FL C	33440-2201	Amount of Each Receip	250.00
Name of Em Self-Employ	ployer ed	Occupation Orthodor			
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 250.00		
Full Name (L Dr. Carolyn J	ast, First, Middle Initial)			Date of Receipt	
Mailing Addr	ress 6802 Northwind Way			04 06	2011
City		State	Zip Code	Transaction ID: 66436	
	nber of contributing cal committee.	C	40014-7782	Amount of Each Receip	250.00
Name of Em Self-Employ	ployer ed	Occupation Orthodor			
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 250.00		
Full Name (L	_ast, First, Middle Initial) D'Leary			Date of Receipt	
Mailing Addr	ess 1004 Steeple Ridge Ro	j		M M / D D / D 4 1 4	2011
City <u>Irmo</u>		State SC	Zip Code 29063-8041	Transaction ID: 66643 Amount of Each Receip	
	ber of contributing cal committee.	C			250.00
Name of Em Self-Employ	ployer ed	Occupation Orthodor			
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 250.00		
SUBTOTAL of	f Receipts This Page (optional)				750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 1
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person ng the name and address of any political committee to something the name and address of any political committee to something the name and address of any political committee to something the name and address of any political action committees to something the name and address of any political action.	
Full Name (Last, First, Middle Initial) Dr. Townsend V. Holt		Date of Receipt
Mailing Address 516 N Beaverdam	ı Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 6664312
Florence	SC 29501-1966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bruce W. Hultgren	L	Date of Receipt
Mailing Address 7367 Lilac Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 6664313
Victoria	MN 55386-9768	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Hugh R. Phillis		Date of Receipt
Mailing Address 10 Poliquin Dr		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Nashua</u>	State Zip Code NH 03062-2264	Transaction ID: 6664315 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optio	nal)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 32 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OIL	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gregory Y. Ogata Mailing Address 5594 176Th PI Se			Date of Receipt
City Bellevue FEC ID number of contributing	State WA	Zip Code 98006-5926	0 4 1 4 2 0 1 1 Transaction ID: 6664316 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Orthodor]
Full Name (Last, First, Middle Initial) Dr. Budd Rubin Mailing Address City		Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self-Employed	C	1	Transaction ID: 6664317 Amount of Each Receipt this Period 125.00
Receipt For: Primary General Other (specify)	Orthodor Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James W. Raman Mailing Address			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City FEC ID number of contributing	State	Zip Code	Transaction ID: 6664318 Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		875.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	name and add	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Keith Coombs Mailing Address 19619 Crabtree St City Chugiak FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State AK C Occupation Aggregate	Zip Code 99567-5922 n • Year-to-Date ▼	Date of Receipt M M / 20 / 2011 Transaction ID: 6676207 Amount of Each Receipt this Period 250.00
_ В.	Full Name (Last, First, Middle Initial) Dr. Herbert A. Klontz Mailing Address 3125 Rolling Stone Rd City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State OK C Occupation Orthodor Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) Dr. Jennifer Loucks-Buren Mailing Address 1149 W 28Th St S City Newton FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State IA C Occupation Orthodor Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		<u> </u>	750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 32 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Genecov			Date of Receipt
Mailing Address 5211 Pebblebrook D			05 06 7 2011
City	State	Zip Code	Transaction ID: 6700007
<u>Dallas</u>	TX	75229-5504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:	- ' '	Year-to-Date ▼	7
Primary General Other (specify) ▼	33. 131.0	500.00	
Full Name (Last, First, Middle Initial) Dr. E. Vann Greer			Date of Receipt
Mailing Address 10901 Willow Grove	e Rd		05 31 YYYY 2011
City	State	Zip Code	Transaction ID: 6740122
Oklahoma City	OK	73120-5114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kevin C. Duffy			Date of Receipt
Mailing Address 10958 S 93Rd East	Ave		05 31 YYYY 2011
City	State	Zip Code	Transaction ID: 6740123
Tulsa	OK	74133-6191	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 32 (check only one) X
A	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
A.	Full Name (Last, First, Middle Initial) Dr. Darrin M. Storms Mailing Address 3710 Monte Vallo Mnr City Fayetteville FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State AR C Occupatio		Date of Receipt M M M D D D Z 2 0 1 1 Transaction ID: 6744457 Amount of Each Receipt this Period 250.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00]
В.	Full Name (Last, First, Middle Initial) Dr. Jacqueline Bunce Mailing Address 27926 195Th Ave Se City	State	Zip Code	Date of Receipt 0 6 0 4 2 0 1 1 Transaction ID: 6744826
	Kent FEC ID number of contributing federal political committee. Name of Employer Self-Employed	C Occupatio	98042-8532	Amount of Each Receipt this Period 250.00
	Receipt For: Primary General Other (specify)	Orthodor Aggregate	ntist e Year-to-Date ▼ 250.00]
С.	Full Name (Last, First, Middle Initial) Dr. Christopher A. Roberts Mailing Address 459 Penbrooke Dr City	State	Zip Code	Date of Receipt M
	Findlay FEC ID number of contributing federal political committee.	OH	45840-7472	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
s	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 32 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	solicit contributions from such committee.
Dr. Christine Porter Ellis Mailing Address 6406 Westlake Ave		Date of Receipt 0 6 1 4 2 0 1 1
City <u>Dallas</u> FEC ID number of contributing	State Zip Code TX 75214-3437	Transaction ID: 6773313 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Lester H. Kuperman Mailing Address 3809 Candlelite Ct City Fort Worth FEC ID number of contributing federal political committee.	State Zip Code TX 76109-3224	Date of Receipt M M M
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Stephanie Smith Crise Mailing Address 5801 Creekside Ct		Date of Receipt 0 6 2 2 2 2 0 1 1
City Mckinney	State Zip Code TX 75071-4840	Transaction ID: 6783290
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	l)	750.00

17625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 32 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
	statements may not be sold or used by any person name and address of any political committee to s	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	HODONTISTS POLITICAL ACTION COMI	MITTEE
Full Name (Last, First, Middle Initial) Friends of Kent Conrad		Date of Receipt
Mailing Address PO Box 812		04 13 2011
City	State Zip Code	Transaction ID: 6662810
Bismarck	ND 58502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00202754	2500.00
Name of Employer	Occupation	-
Receipt For: 2012 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	•	2500.00

SCHEDU	LE B (FEC Form	Use se	eparate schedule(s)	_	NUMBER:	PAGE 24/32
ITEMIZE	DISBURSEMEN	NTS for eac	h category of the d Summary Page	(check on 21b	<u> </u>	24
		Detaile	a Guillinary Fage	27		28c 29
	n copied from such Report ial purposes, other than us					
	COMMITTEE (In Full)	sing the name and add	reas of any pointed		SHOR CONTRIBUTIONS TOTAL SE	
\	N ASSOCIATION OF	ORTHODONTIST	S POLITICAL A	CTION COMM	MITTEE	
	Last, First, Middle Initial)				Transaction ID: 66	25434
Yoder Fo	Congress				Date of Disbursement	
Mailing Add	lress PO Box 26742	2			0 3 7 2 9	2011
City	David	State	Zip Code		Amount of Each Disb	ursement this Period
Overland		KS	66225			2500.00
Purpose of	Disbursement			011		
Candidate Mr. Kevin				Category/ Type		
Office Sou	ght: X House	Disbursement For	: 2012			
	Senate	X Primary	General			
State: KS	President District: 03	Uther (s	pecify)			
	Last, First, Middle Initial)				Transaction ID: 66	25437
	r Congress				Date of Disbursement	
Mailing Add	dress 4701 Northwe	st 82nd Street			03 / 29	2011
City	:4.,	State MO	Zip Code 64151		Amount of Each Disb	ursement this Perio
Kansas C Purpose of	Disbursement	IVIO	04131			2500.00
				011		
Candidate Sam Gra				Category/ Type		
Office Sou	ght: X House	Disbursement For:	: 2012	.) 0		
	Senate	X Primary	General			
State: MO	President District: 06	Other (s	pecify) 🔻			
Full Name	Last, First, Middle Initial)				Transaction ID: 66	
Kind For	Congress Committee				Date of Disbursement	
Mailing Add	dress 205 South 5th Suite 428	Ave			03 / 29	^Y 2011
City La Crosse		State WI	Zip Code 54601	<u> </u>	Amount of Each Disb	ursement this Perio
	Disbursement	***	0 1001			1000.00
				011		
Candidate Rep. Ron				Category/ Type		
Office Sou	ght: X House	Disbursement For	2012			
	Senate	X Primary	General			
	President	Uther (s	pecify) 🔻			
State: WI	DISIDCE US					
State: WI	District: 03					

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_	NUMBER: PAGE 25/32
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 one) 22
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTHODO	ONTISTS POLITICAL ACT	TION COMM	IITTEE
Full Name (Last, First, Middle Initial) Lee Terry For Congress			Transaction ID: 6625440 Date of Disbursement
Mailing Address PO Box 540098			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
•	State Zip Code NE 68154		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Lee Terry	'	Category/ Type	
Office Sought: X House Disburser Senate X President	ment For: 2012 Primary General Other (specify)		
State: NE District: 02	(cpcc), \		
Full Name (Last, First, Middle Initial) Citizens For Altmire			Transaction ID: 6625443 Date of Disbursement
Mailing Address P.O. Box 1776			03
	State Zip Code PA 15042		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Rep. Jason Altmire	'	Category/ Type	
President	ment For: 2012 Primary General Other (specify) ▼		
State: PA District: 04			
Full Name (Last, First, Middle Initial) Price For Congress			Transaction ID: 6625445 Date of Disbursement
Mailing Address P.O. Box 425			0 3 4 2 9 7 2 0 1 1
	State Zip Code GA 30077		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Thomas Price, M.D.	'	Category/ Type	
Office Sought: X House Disburser Senate X President State: GA District: 06	nent For: 2012 Primary General Other (specify)		
State: GA DISTRICT: U0			
SUBTOTAL of Disbursements This Page (optional)		>	4500.00
TOTAL This Period (last page this line number only))	

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 32 (check only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO		
Full Name (Last, First, Middle Initial) Paul Gosar For Congress		Transaction ID: 6625447 Date of Disbursement
Mailing Address 11039 E Harris Hawk	Trail	03
City Scottsdale	State Zip Code AZ 85262	Amount of Each Disbursement this Period
Purpose of Disbursement	l o	2500.00
Candidate Name Mr. Paul Gosar		egory/ ype
Senate President	rsement For: 2012 X Primary General Other (specify)	
State: AZ District: 01 Full Name (Last, First, Middle Initial)		Transaction ID: 6625448
Van Hollen For Congress		Date of Disbursement
Mailing Address 10537 St. Paul Street		03 29 2011
City Kensington	State Zip Code MD 20895	Amount of Each Disbursement this Perio
Purpose of Disbursement	0	11 2500.00
Candidate Name Rep. Chris Van Hollen		egory/ ype
Senate President	rsement For: 2012 X Primary General Other (specify) ▼	
State: MD District: 08 Full Name (Last, First, Middle Initial) Snowe for Senate		Transaction ID: 6625449 Date of Disbursement
Mailing Address P.O. Box 2000		03
City Portland	State Zip Code ME 04104	Amount of Each Disbursement this Perio
Purpose of Disbursement	l o	2500.00
Candidate Name Olympia Snowe	Cate	egory/ ype
X Senate President	rsement For: 2012 X Primary General Other (specify)	
State: ME District:		
		7500.00

		B (FEC Form	y USE	separate sc	hedule(s)	FOR LINE	NUMBER: PAGE 27 / 32
IT	EMIZED DI	SBURSEMEN		each categor ailed Summa		21b 27	22 X 23 24 25 28a 28b 28c 29
							for the purpose of soliciting contributions solicit contributions from such committee
\rangle	NAME OF COM	·			· ·		
	Full Name (Last, Friends Of Joh	First, Middle Initial) nn Barrasso					Transaction ID: 6625451 Date of Disbursement
	Mailing Address	PO Box 52008					03
	City Casper		State WY	Zip C 8260			Amount of Each Disbursement this Perio
	Purpose of Disbu					011	2500.00
	Sen. John Bar	rasso, MD	I Diahamaanaan I		2010	Category/ Type	
	Office Sought:	House X Senate President	Disbursement IX Prima Other		2012 General 7		
	State: WY Full Name (Last, Friends Of Dic	District: First, Middle Initial)					Transaction ID: 6829395 Date of Disbursement
	Mailing Address	PO Box 55952					0 6 M / 2 9 / Y 2 0 1 1 Y
	City Indianapolis		State IN	Zip C 4620			Amount of Each Disbursement this Perio
	Purpose of Disbu	ursement				011	5000.00
	Candidate Name Sen. Richard I					Category/ Type	
	Office Sought: State: IN	House X Senate President District:	Disbursement I X Prima Other		2012 General		
		First, Middle Initial)					Transaction ID: 6829396 Date of Disbursement
	Mailing Address	PO Box 52008					06
	City Casper		State WY	Zip C 8260			Amount of Each Disbursement this Perio
	Purpose of Disbu					011	2500.00
	Candidate Name Sen. John Bar	rasso, MD	1 8			Category/ Type	
	Office Sought:	House	Disbursement I		2012 General		
	ooo ooug	X Senate President	X Prima Othe	r (specify)	,		

SCHEDULE B (FEC Form 3X)

TEMPER PLOPURE TARACTE	Use separate schedule(s)		heck only	NUMBEI v one)	1.		AGL	28 / 3	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	lÈ	21b 27	22 28a	X 23 28b	24 280		25 29	2 3
Any Information copied from such Reports and Stat or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	me and address of any political	commit	tee to so	licit contri					
AMERICAN ASSOCIATION OF ORTHO	DONTISTS POLITICAL A	CTION	COMM	IITTEE					
Full Name (Last, First, Middle Initial) Scott Brown For Us Senate Committee I Mailing Address P.O. Box 395	nc			Date o	action ID of Disburs			0 Ĭ 1	Y
City Wrentham	State Zip Code MA 02903			Amou	nt of Eacl	h Disburs	ement	t this P	eriod
Purpose of Disbursement		01	1.				500	00.00	
Candidate Name Sen. Scott Brown		Cateo Typ							
•	sement For: 2012 X Primary General Other (specify)								
Full Name (Last, First, Middle Initial)				Trans	action ID): 6829	399		
Snowe for Senate				M	of Disburs		Y <u>Y</u>	. Y .	Y
Mailing Address P.O. Box 2000				0 6		29 /	2	0 1 1	
City Portland	State Zip Code ME 04104			Amou	nt of Eacl	h Disburs			
Purpose of Disbursement Candidate Name		01					250	00.00	
Olympia Snowe		Cateo Typ	, ,						
9 🗎	sement For: 2012 X Primary General Other (specify) ▼								
Full Name (Last, First, Middle Initial) Bob Corker for Senate				Date o	action ID of Disburs	sement			
Mailing Address 518 Georgia Avenue				0 ^M 6	M / D	29 /	ž	0 1 1	Y
City Chatanooga	State Zip Code TN 37403			Amou	nt of Eacl	h Disburs	ement	t this P	eriod
Purpose of Disbursement		01	1.				500	00.00	
Candidate Name Bob Corker		Cateo Typ							
X Senate President	sement For: 2012 X Primary General Other (specify)	•							
State: TN District:									
SUBTOTAL of Disbursements This Page (optional)		•				1250	00.00	

SCHEDULE B (FEC Form 3X)		arate schedule(s)			ER:	PAGE 29/32					
TEMIZED DISBURSEMENTS		category of the Summary Page		21b 27	22 28a	X 23 28b		24 28c	25 29	F	26 30
Any Information copied from such Reports and State											
r for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)	ne and addres	ss of any political	COMMI	ilee to s	Olicit COLI	Indutions in	OIII S	uch co	ommudee		
AMERICAN ASSOCIATION OF ORTHOD	OONTISTS	POLITICAL AC	OIT	COM	MITTEE						
Full Name (Last, First, Middle Initial) Friends of Roger Wicker						saction ID)1		
Mailing Address PO Box 874					0 ^M 6	M / D	2 9	/ Y	ž 0 ĭ	1 Y	
City	State	Zip Code			Amo	unt of Each	n Disk	oursen	nent this	Peri	
Tupelo	MS	38802								-	_
Purpose of Disbursement			0	11	L.				5000.0	Ō	
Candidate Name Roger Wicker			_	gory/							
	Sement For: C Primary Other (spe	2012 General									
Full Name (Last, First, Middle Initial)					_						_
Yoder For Congress					Date	of Disburs	emer				
Mailing Address PO Box 26742					0 ^M 6	M / D	29	/ L	ž 0 1	1	
City Overland Park	State KS	Zip Code 66225			Amo	unt of Each	n Dist	oursen	nent this	Peri	bd
Purpose of Disbursement			0:						2500.0	0	_
Candidate Name Mr. Kevin Yoder			Cate Ty	gory/							
	sement For: C Primary Other (spe	2012 General	.,	<u> </u>							
Full Name (Last, First, Middle Initial) Yoder For Congress						saction ID of Disburs)4		
Mailing Address PO Box 26742					0 ^M 6	M / D	2 9 D	/ Y	^y 0 1	1 Y	
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Overland Park Purpose of Disbursement	KS	66225		-					2500.0	0	
Candidate Name Mr. Kevin Yoder			O Cate	gory/							
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	1	NUMBER: PAGE 30 / 32
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 22 X 23 24 25 28a 28b 28c 29 3
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHODO	·		
Full Name (Last, First, Middle Initial) Friends of Doc Hastings			Transaction ID: 6829405 Date of Disbursement
Mailing Address PO Box 2926			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Q \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Q & Q & 1 & 1 \end{bmatrix} $
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State: WA District: 04 Full Name (Last, First, Middle Initial)			Turner attent ID 0000400
Friends of Jack Kingston			Transaction ID: 6829406 Date of Disbursement
Mailing Address PO Box 2133			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \\ D & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \\ D & D & D \\ D & D & D \end{bmatrix} $
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Graves for Congress			Date of Disbursement
Mailing Address 4701 Northwest 82nd Str	eet		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & I & I \end{bmatrix}$
	State Zip Code MO 64151		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Sam Graves		Category/ Type	
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State: MO District: 06			
			12500.00
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President

District: 01

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 31/32
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHOD	ONTISTS POLITICAL AC	CTION COMM	ITTEE
Full Name (Last, First, Middle Initial)			Transaction ID: 6829409
Graves for Congress			Date of Disbursement
Mailing Address 4701 Northwest 82nd St	reet		$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
Kansas City	MO 64151		0500.00
Purpose of Disbursement		011	2500.00
Candidate Name Sam Graves		Category/ Type	
Office Sought: X House Disburs Senate President State: MO District: 06	ement For: 2012 Primary X General Other (specify)		
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City Savannah	State Zip Code GA 31402		Amount of Each Disbursement this Period
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9 1	ement For: 2010 Primary General		Void - Friends of Jack Kingston

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$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR			
	Full Name (Last, First, Middle Initial) 13th Colony Leadership Committee Mailing Address PO Box 114	, Inc.		Transaction ID: 6829407 Date of Disbursement O 6
	City Savannah Purpose of Disbursement Candidate Name	State Zip Code GA 31402	011 Category/ Type	Amount of Each Disbursement this Period 5000.00
	Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
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